FEC FORM 10

24 HOUR NOTICE OF EXPENDITURE OF PERSONAL FUNDS

Name of Candidate		2. Office Sought	3. State	4. District	5. Candidate ID Number
6. Name of Principal Campaign Committee					7. Committee ID Number
8. Address					
9. City, State and ZIP Code					
10. Expenditures of Personal Funds					
Aggregate Expenditures Previously Reported					
	DATE		AM	OUNT	CHECK IF LOAN
A.	M M / D D / Y I Y I	Y Y		-	
В.	M M / D D / Y Y	Y		7	
C.	MIM / DID / YIYI	YIY			
D.	M M / D D / Y B Y B	Y Y			
E.	M M / D D / Y I Y I	YIY			
F.	M M / D D / Y N	Y Y			
	11. Total Expe	enditures This Notice			
12. Total Expenditures Election Cycle To Date					
SIGNATURE OF CANDIDATE DATE					
FE3AN040	Fed	further information contact: eral Election Commission, 999 Free 800-424-9530, Local 202		n, DC 20463	